



BOARD OF SUPERVISORS AGENDA ITEM REPORT
CONTRACTS / AWARDS / GRANTS

☐ Award ☒ Contract ☐ Grant

Requested Board Meeting Date: 04/07/2020

* = Mandatory, information must be provided

or Procurement Director Award ☐

***Contractor/Vendor Name/Grantor (DBA):**

Arizona Department of Housing (ADOH)

***Project Title/Description:**

Funding Intergovernmental Agreement (IGA)

Weatherization Assistance Program (WAP)

***Purpose:**

The purpose of this funding agreement amendment is to allow ADOH to increase funding to Pima County by \$60,000 for the low income weatherization program. This amendment provides additional weatherization funding that directly leverages and supports Pima County Home Repair and Weatherization Program administered by the Community Development and Neighborhood Conservation Department.

Attachments: 2 ADOH IGA copies

***Procurement Method:**

This IGA is a non-Procurement contract and not subject to Procurement rules.

***Program Goals/Predicted Outcomes:**

Installation of energy efficient measures for homes of income eligible households including elderly; persons with disabilities; and, families with children in unincorporated Pima County and Towns of Marana, Oro Valley and Sahuarita.

***Public Benefit:**

Improve housing stock by providing eligible households with energy efficient home repair and weatherization services.

***Metrics Available to Measure Performance:**

An additional six households will receive weatherization assistance increasing the total number served to 24 households.

***Retroactive:**

No

G.M. Approved 3/12/20 AS

Revised 9/2019

Contract / Award Information

Document Type: _____ Department Code: _____ Contract Number (i.e.,15-123): _____

Effective Date: _____ Termination Date: _____ Prior Contract Number (Synergen/CMS): _____

☐ Expense Amount: \$* _____ ☐ Revenue Amount: \$ _____***Funding Source(s) required:**Funding from General Fund? ☐ Yes ☐ No If Yes \$ _____ % _____Contract is fully or partially funded with Federal Funds? ☐ Yes ☐ No**If Yes, is the Contract to a vendor or subrecipient?** _____Were insurance or indemnity clauses modified? ☐ Yes ☐ No*If Yes, attach Risk's approval.*Vendor is using a Social Security Number? ☐ Yes ☐ No*If Yes, attach the required form per Administrative Procedure 22-10.***Amendment / Revised Award Information**

Document Type: _____ Department Code: _____ Contract Number (i.e.,15-123): _____

Amendment No.: _____ AMS Version No.: _____

Effective Date: _____ New Termination Date: _____

Prior Contract No. (Synergen/CMS): _____

☒ Expense or ☐ Revenue ☐ Increase ☐ Decrease Amount This Amendment: \$ _____Is there revenue included? ☐ Yes ☒ No If Yes \$ _____***Funding Source(s) required:**Funding from General Fund? ☐ Yes ☒ No If Yes \$ _____ % _____**Grant/Amendment Information** (for grants acceptance and awards) ☒ Award ☐ Amendment

Document Type: GTAM Department Code: CD Grant Number (i.e.,15-123): 20*0034

Effective Date: 07/01/2019 Termination Date: 06/30/2020 Amendment Number: 01

☐ Match Amount: \$ _____ ☒ Revenue Amount: \$ 60,000.00***All Funding Source(s) required:** Arizona Department of Housing (ADOH), U.S. Health and Human Services, Low Income Home Energy Assistance Program (LIHEAP)***Match funding from General Fund?** ☐ Yes ☒ No If Yes \$ _____ % _____***Match funding from other sources?** ☐ Yes ☒ No If Yes \$ _____ % _____***Funding Source:** _____***If Federal funds are received, is funding coming directly from the Federal government or passed through other organization(s)?** Funding is passed through the Arizona Department of Housing (ADOH)

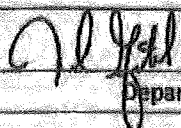
Contact: Jesus Duran, Housing Rehab Supervisor 724-6787/Ana Durazo 724-2696

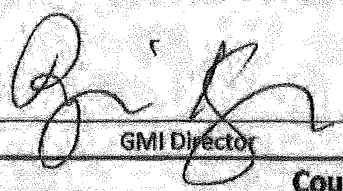
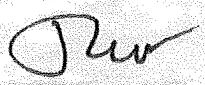
Department: Community Development and Neighborhood Conservation Telephone: 724-2696

Department Director Signature/Date: *Danette Synder* 2.11.20Deputy County Administrator Signature/Date: *John* 3/11/2020County Administrator Signature/Date: *C. Deibel* 3/12/2020
(Required for Board Agenda/Addendum Items)

GRANT APPLICATION APPROVAL REQUEST

Instructions: Fill out the top section of this form completely. Contact the program Grants Management & Innovation (GMI) Lead if you require assistance (724-2240). Email your completed request to: GMI@pima.gov. Your request will be forwarded to County Administration for review. Notification of approval requests should be submitted at least 15 business days prior to the application's submission deadline (AP 5-1 Procedure).

Requesting department or entity:	Community Development Neighborhood P Date: 2/25/20		
Contact information:	Name: Daniel Tylutki	Telephone: 724-6754	
Funding opportunity title:	Arizona Department of Housing Weatherization Assistance Program (ADOH WAP)		
Link to opportunity:	https://www.acf.hhs.gov/sites/default/files/assets/LIHEAP%20final.pdf &		
Funding agency:	Arizona Department of Housing (ADOH)		
Amount to be requested:	\$ 60,000.00		
Due date and time:	Select One		
What are you going to spend the money on?	<p>Funding will allow Pima County to provide installation/repair of energy efficiency measures to dwelling occupied by low-income households outside the City of Tucson and South Tucson limits.</p> <p>The grant has been awarded for 2020 through the amendment. The 2020 allocation of \$60,000 constitutes the first amendment allowed by the original agreement.</p>		
What will be the benefit to Pima County?	<p>Weatherization - Improving health and safety as well as saving energy costs - for for low income families. The additional \$60,000.00 will be used for to provide weatherization assistance to an additional six (6) households by June 30, 2020.</p>		
Indirect costs - check one:	<input checked="" type="checkbox"/> I will be requesting indirect costs. Indirect-cost rate to be requested: 10 % <input type="checkbox"/> I have attached a request for waiver of indirect costs (GMI Intranet) <input type="checkbox"/> I need help understanding indirect costs		
By: 	Date: 2/26/2020		
Department Director or Designee			

GRANT COST/BENEFIT ANALYSIS	
To be completed by GMI staff	
CFDA No.	93.568
Competitive Criteria:	Not competitive. State pass-through from US DHHS LIHEAP allocation.
Other Factors:	This is an additional award to supplement the original grant. With these additional funds, Pima County will provide LIHEAP weatherization assistance to an additional six (6) households increasing the total households served LIHEAP to 24.
Number of Awards:	Total amount to be awarded:
Match Required: <input type="checkbox"/> Yes <input type="checkbox"/> No If required what is the amount/percent: _____	
Terms Notes (e.g. unusual restrictions, reporting burdens, etc.):	Term notes are the same as original grant, other than the expected services to six additional units.
Will this project require additional office/project space? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Will this project require staff time that cannot be paid for by the grant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Will your project require any equipment items over \$5,000 per item? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Does the proposal use a fixed price contract? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Is this project subject to Human Subjects compliance? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Does this project involve subrecipients? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is there a Statutory Funding Preference from the funding agency? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Allowable Indirect Rate: 10 If Indirect is not allowed, attach documentation.	
List any other proposal or funder specific requirements:	
GMI notes & recommendations: This is a federal pass-through and Indirect is allowed. Recommend approval. LAK By:  Date: 2/28/2020 GMI Director	
County Administrator Approval Request	
Approved: <input checked="" type="checkbox"/> Not Approved: _____ Subject to Further Review: <input type="checkbox"/> Yes <input type="checkbox"/> No If your project is subject to further review, please contact your GMI Lead to discuss necessary revisions prior to resubmission of the Grant Approval Application Request. By:  Date: 2/28/2020 County Administrator or Designee	

Contract No.: 212-19
Termination Date: June 30, 2020
Amendment No.: 001

AMENDMENT TO A
FUNDING AGREEMENT
Between
ARIZONA DEPARTMENT OF HOUSING
and
PIMA COUNTY

This Agreement is made and entered into by and between the Arizona Department of Housing (ADOH), and Pima County (Recipient).

RECITALS

- 1) ADOH and Recipient have entered into a Contract, stipulating to an award through Weatherization Assistance Program by ADOH to Recipient for the purpose as outlined in the above referenced Funding Agreement; and
- 2) A revision to said Agreement is necessary; and
- 3) ADOH and Recipient agree that the revision is in the best interest of all parties, including beneficiary low-income households; ADOH and Recipient hereby agree to amend the subject agreement as follows:

AGREEMENT

Increases SFY20-FFY19 LIHEAP award by \$60,000 in program operating funds. Contract total LIHEAP award is now \$186,164. Contract expiration remains the same. Pima County will provide LIHEAP weatherization assistance to an additional six (6) households making the total contract LIHEAP required beneficiaries twenty-four (24).

The agreement incorporates the Recital paragraphs set forth above.

The Following Attachments are amended and attached hereto:

- | | |
|----|---|
| A | Scope of Work |
| B | Amended Performance Report/Schedule of Completion |
| C. | Budget |
| D. | Request for Payment |

Any and all portions of subject Agreement that are not herein specifically amended shall remain unchanged.

In Witness Whereof, ADOH and Recipient have executed this Amendment that shall become effective when signed by ADOH.

THE STATE OF ARIZONA,
DEPARTMENT OF HOUSING

Pima County
RECIPIENT

BY: _____
Carol L. Ditmore

TITLE: Director

DATE: _____

BY: _____
Richard Elias

TITLE: Chairman, Board of Supervisors

DATE: _____

ATTEST:

Clerk of the Board

APPROVED AS TO CONTENT:

Daniel C. J. [Signature]

Director, Community Development & Neighborhood Conservation

APPROVED AS TO FORM:

Karen S. Friar

Karen S. Friar, Deputy County Attorney

Manager's Approval: _____

ATTACHMENT A
SCOPE OF WORK
REVISED 2-18-2020

The Arizona Department of Housing Weatherization Assistance Program (ADOH WAP) award will be comprised of Department of Energy (DOE) and Low Income Home Energy Assistance Program (LIHEAP) funds. Funding will allow Pima County (**recipient**) to provide installation/repair of energy efficiency measures to dwellings occupied by low-income households in Pima County Arizona outside of the City of Tucson and South Tucson.

This contract award is contingent upon:

- A. Assistance is reserved for the following incomes:
 - a. DOE funds: 200% of Federal Poverty Guidelines as published annually; and
 - b. LIHEAP funds: 200% of Federal Poverty Guidelines as published annually.
- B. The program will prioritize services to the following populations:
 - a. Elderly;
 - b. Handicapped; and
 - c. Families with children under the age of five (5).
- C. DOE, LIHEAP and SWG WAP funding requires adherence to the Arizona Weatherization Assistance Program State Plan (State Plan), Health and Safety Plan (HSD Plan); Arizona Weatherization Policies and Procedures Handbook, Arizona "Success with Weatherization" Field Guide; Standard Work Specifications; and WAP Memorandum 15-10 Quality Management Plan. Units that do not receive DOE funding will not be required to pass a QCI Inspection.
- D. Maximum investment per unit is as follows:
 - a. DOE: Average per unit investment over Program Year 2019 (July 1, 2019 to June 30, 2020) is \$7,541; and
 - b. LIHEAP: Average per unit investment over Program Year 2019 (July 1, 2019 to June 30, 2020) is \$10,000.00. and
- E. Satisfactory SHPO requirements if applicable must be completed prior to any construction activity or any expenditure of funds.
- F. Pima County will be expected to fully expend awarded funds and complete the following number of units for each funding source:
 - a. DOE: 6 completed units passing Quality Control Inspection and ADOH WAP monitoring; and
 - b. LIHEAP: 24 completed units passing final inspection and ADOH WAP monitoring.



Arizona Department of Housing

WEATHERIZATION

REVISED 2/18/2020

ATTACHMENT B

ADOH PERFORMANCE REPORT/SCHEDULE OF COMPLETION				Page 1 of 1
Recipient	Pima County		Date	
Contract No	212-19 Contract Period: from 7/1/2019 to 6/30/2020		Revision #	
Activity	Weatherization Assistance Program		Oct Jan	April July
Recipient Address	Comm. Dev. & Neigh. Cons.Dept - 2797 E. Ajo Way, 3rd Floor		City	Tucson
Contact Person	Lisa Slechta		Zip Code	85713
Phone	520-724-7802	Email	lisa.slechta@pima.gov	
Program Specialist	Gloria Castro	Email	gloria.castro@azhousing.gov	
			Fax	520-243-7997
			County	Pima
Indicate adherence to contract or schedule changes. Due by the 30th of August, October, December, February (last day of), April, June				
Contract Schedule		Contract Date	Complete Yes/No	Modification Date
Contract Execution		7/1/2019		
Completion of 1 DOE and 4 LIHEAP Units		9/30/2019		
Completion of 2 DOE and 7 LIHEAP Units (all numbers cumulative)		12/30/2019		
Completion of 4 DOE and 12 LIHEAP Units (all numbers cumulative)		3/31/2020		
Completion of 6 DOE and 24 LIHEAP Units (all numbers cumulative)		6/30/2020		
Project Complete-Contract Close Out		7/31/2020		
Please provide a brief description of activities performed this three month period. Include occurrences that caused variation from schedule changes to plans, unforeseen circumstances, etc. Please be specific. Finally, answer questions at narrative section A. through H.				
A. # of DOE units 100% complete & QCI Passed?		E. # of LIHEAP units 100% complete?		
B. # of DOE units complete but need QCI?		F. # of LIHEAP units under construction?		
C. # of DOE units under construction?		G. # of LIHEAP Units out to bid?		
D. # of DOE units out to bid?		H.		
Recipient Authorized Signature		Date	Title	



Arizona Department of Housing

WEATHERIZATION

REVISED 2/18/2020

Attachment C

Budget						
Recipient	Pima County				Date	
Contract No./File No.	212-19 Contract Period: from 7/1/2019 to 6/30/2020				Revision No.	
Activity	Weatherization Assistance Program					
Recipient Address	Comm. Dev. & Neigh. Cons.Dept - 2797 E. Ajo Way, 3rd Floor				City	Tucson
Contact Person	Lisa Slechta				Zip Code	85713
Phone	520-724-7802	Email	lisa.slechta@pima.gov		Fax	520-243-7997
Program Specialist	Gloria Castro	Email	gloria.castro@azhousing.gov		County	Pima
a	c	d	e	f	g	h
Budget Line Item or Activity No.	DOE FY2019	LIHEAP FY2019	Source Program Year	Source Program Year	Source Program Year	GRAND TOTAL ALL SOURCES
Administration Costs	\$ 5,134.00					
Training & Technical Assistance	\$ 10,790.00					
Program Operations	\$ 31,663.00					
Health and Safety	\$ 4,700.00					
Financial Audit	\$ -					
Liability Insurance	\$ -					
LIHEAP Administration		\$ 5,825.00				
LIHEAP Training/TA		\$ 1,296.00				
LIHEAP Program Operations		\$ 179,043.00				
Total	\$52,287.00	\$186,164.00	\$0.00			\$238,451.00

REV. 5-2016



Arizona
Department
of Housing
REVISED 2/18/2020

WEATHERIZATION

Attachment D

ARIZONA DEPARTMENT OF HOUSING REQUEST FOR PAYMENT SUMMARY SHEET PAGE 1 OF 2

Recipient	Pima County	Date	
Contract No	212-19 Contract Period: from 7/1/2019 to 6/30/2020	Pay Req. No/Mo	
Activity	Weatherization Assistance Program	Direct Wire Dep	Yes No
Recipient Address	Comm. Dev. & Neigh. Cons.Dept - 2797 E. Ajo Way, 3rd Floor	City	Tucson
Contact Person	Lisa Slechta	ZIP	85713
Phone	520-724-7802	Email	lisa.slechta@pima.gov
Program Specialist	Gloria Castro	Fax	520-243-7997
		Email	gloria.castro@azhousing.gov
		County	Pima

Itemized Payment Statement (Sheet 2 of 2) must accompany this form. Include copies of invoices, cashed checks, and other back-up documentation. SIGNATURES are required for processing.

a	b	c	d	d	e	f	g	h
Budget Line Item or Activity No.	ASAP No.	DOE FY2019	LIHEAP FY2019	Source Program Year	Total Amount Req. to Date	Balance in Account	Amount of this Request	New Balance
1. DOE Administration		\$ 5,134.00			\$ 347.60	\$ 4,786.40		\$ 4,786.40
2. DOE Training & TA		\$ 10,790.00			\$ 2,863.30	\$ 7,926.70		\$ 7,926.70
3. DOE Program Ops		\$ 31,663.00			\$ 257.32	\$ 31,405.68		\$ 31,405.68
4. DOE Health & Safety		\$ 4,700.00			\$ -	\$ 4,700.00		\$ 4,700.00
5. DOE Financial Audit		\$ -				\$ -		\$ -
6. DOE Liability Ins		\$ -				\$ -		\$ -
7. DOE Total Draw							0.00	\$ 48,818.78
8. LIHEAP Admin.	N/A		\$ 5,825.00		\$ 726.28	\$ 5,098.72		\$ 5,098.72
9. LIHEAP Training/TA	N/A		\$ 1,296.00		\$ 629.96	\$ 666.04		\$ 666.04
10. LIHEAP Program Ops	N/A		\$ 179,043.00		\$ 76,630.50	\$ 102,412.50		\$ 102,412.50
11. LIHEAP Total Draw	N/A						0.00	\$ 108,177.26
Total		\$ 52,287.00	\$ 186,164.00	\$ -	\$ 81,454.96	\$ 156,996.04	\$ -	\$ 156,996.04

Recipient Authorized Signature	Date	Title
--------------------------------	------	-------

Recipient Authorized Signatory certifies that all activities undertaken by the contractor with funds provided under this contract have been carried out in accordance with the contract. Attach wiring information if not previously submitted. Attach alternate mailing address if necessary.

Performance Reports	Current <input type="checkbox"/>	Not Current <input type="checkbox"/>	For ADOH Use Only
ADOH Program Specialist Approval			
Date	ADOH Program Administrator Appr		Date